

Resilient Indigenous  
Health Workforce Networks:  
Constructing an International Framework

**Background Information IPAC Pilot Project**

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The research team consists of members from both Canada and New Zealand. They are as follows:

**Principal Investigators**

Canada - Dr. Judith Bartlett (International PI)  
New Zealand - Dr. Paul Robertson

**Co-Investigators**Canada

BC - Drs. Richard Vedan and Eduardo Jovel  
AB - Dr. Malcolm King  
SK - Dr. Janet Smylie  
MB - Dr. Yoshi Iwasaki

New Zealand

Dr. Suzanne Pitama

**Staff**Canada

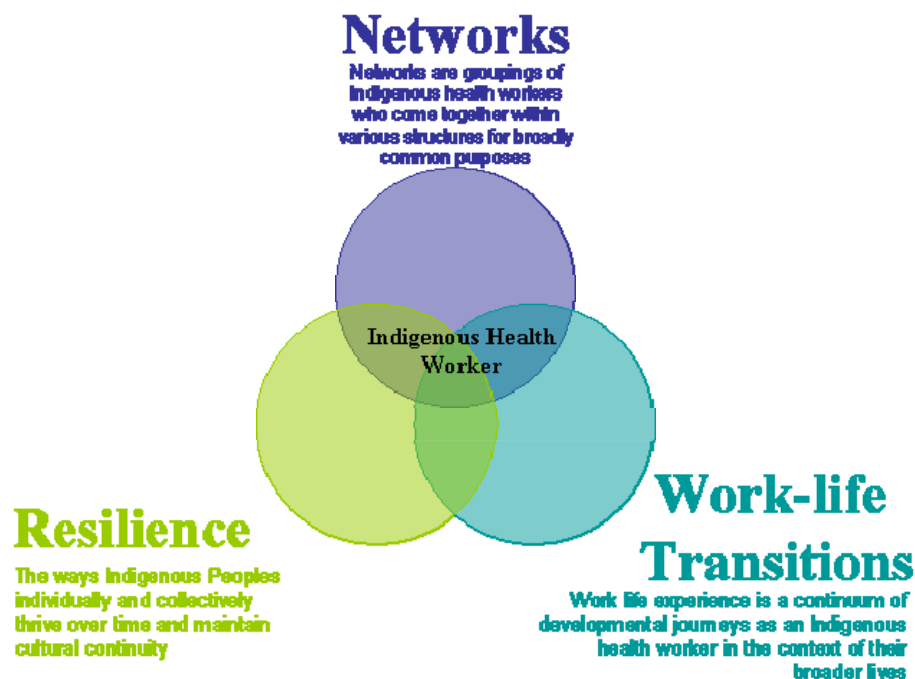
Research Program Manager - Dr. Julianne Sanguins  
Research Associate – Pilot Project Coordinator – Laverne Gervais  
Research Office Coordinator – Barbara Morgan

**Rationale**

- Study resulted from several years of developing international Indigenous partnerships
- International research shows that workers in high responsibility, low authority work environment have higher mortality
- Many Indigenous health workers experience this type of environment with few supports
- Many have to take on 'resident expert' roles in their work place
- Study premise is that networks may mediate the effects of work stress

## Objectives of Study

- Identify and describe current Indigenous health workforce networks, functions, development and sustainability factors
- Identify work-life experiences of Indigenous health workers
- From the data identify structures and practices within Indigenous health networks that promote and sustain a resilient Indigenous health workforce
- Define resiliency from an Indigenous perspective for the purposes of this study
- Develop and evaluate a pilot implementation of a Resilient Indigenous Health Workforce Networks framework



## Data Collection Methods

- Literature Review - networks, resilience, work-life experiences
- Network Characterization Tool - Two parts:
  - Part I – Internet search of Networks and relevant information
  - Part II – Interview with office holders in existing or past networks to gain from their knowledge what works effectively in networks

- Network Members Interview Tool - interviews with 65 First Nations or Metis health workers in Manitoba, Saskatchewan, Alberta and British Columbia about their experiences
  - Methodological approach (phenomenology) to obtain 'lived experience' of participants
  - 65 Audio/videotaped interviews lasting approximately 45 minutes
  - Variety of Metis and First Nations health workers were interviewed
  - Unique consensual approach to data analysis used (CCDAP Analysis Process)
- All three parts were used to develop 'Resilient Indigenous Health Workforce Network Framework'
- Framework will be piloted in two networks

## FastFacts

## *Pilot Projects*

- One project planned for forming network
- Second project planned to partner with existing health network
- Initial discussions initiated with IPAC representatives
- Ongoing consultation beforehand and during process
- Will occur over period of approximately 2 years
- Planning – July/Sept 2009; begin Sept/Oct 2009
- Health Research Ethics Board approval has been received for pilot projects
- After obtaining informed consent participants will be interviewed at the start and finish of the project
- In collaboration with RIHWNs team IPAC representatives will determine the activities that will be included in the pilot

## FastFacts

## *Knowledge Mobilization Plan*

- Early Engagement
- Publication plan
- Presentations
- Webpage

- What activities do you undertake at your Network?
- Do you have any initial thoughts on how this could be implemented?
- If there is agreement on the idea what steps are need to move forward and what can we do to help?



# Resilient Indigenous Health Workforce Networks

## Constructing an International Framework

This project began as a joint partnership between Canada and New Zealand to explore resiliency from the perspective of Indigenous health workers, specifically in relation to worker networks. Increasing health service demands due to continuing health inequalities and an expanding population have highlighted the importance of having a qualified, well-supported Indigenous health workforce to provide culturally responsive health services. These demands have created opportunities for developing Indigenous models of health, but have also introduced stress related to health workers frequently being placed in positions of high responsibility and low authority, and with little support. It is apparent that networks play an important role in supporting and enhancing resiliency among Indigenous health workers. It is likely that having well supported Indigenous health networks (both formal and informal) will have positive effects on the health outcomes for Indigenous peoples.

Specifically, this study aimed to:

- Develop a profile of the roles and functions of Indigenous health networks
- Define resiliency from an Indigenous health worker perspective
- Develop an understanding of Indigenous health worker's experiences in the health workforce
- Using this information develop and pilot a framework that will assist networks to support the Indigenous health workforce

Information was gathered from a number of sources including: a review of the literature; interviews with key people involved in the development and operation of Indigenous health networks; and interviews with Indigenous health workers. In Canada, interviews with 65 First Nations and Metis health workers were held across the four Western provinces. Based on the information from the literature, ideas from existing health networks and the experiences of the health workers, a framework for developing and supporting Indigenous health worker networks was constructed. In the final phase of the project the framework will be implemented and evaluated in two health workers networks: one an established network and one a newly formed network.

This international initiative was unique for a variety of reasons, not least that it was Indigenous led and was carried out by mainly indigenous teams in the two countries. New Zealand and Canadian Indigenous concepts, beliefs, values and experiences guided and provided the basis for this project which has identified and built on Indigenous understandings of resiliency and networks. While some Western methods were used, the research design utilized an Indigenous research framework and an analysis method that was based on collective ways of working. A particular focus throughout the life of this project was on working within Indigenous values of respect and inclusivity, while accounting for differences between the two countries involved. The Canadian team, led by Dr. Judith Bartlett, continues to be constituted by First Nations and Metis researchers.

For more information about "Resilient Indigenous Health Workforce Networks: Constructing an International Framework" please contact: Dr. Julianne Sanguins [sanguins@cc.umanitoba.ca](mailto:sanguins@cc.umanitoba.ca)

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